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ABSTRACT

This paper discusses the current confusion in differentiating between reading disabilities and learning disabilities, as well as the role of the learning and reading specialist. The origin and history of the movement toward helping children labeled as having a reading or learning handicap are examined, and various definitions are discussed. It is concluded that the definition of learning disabilities is related to cerebral dysfunction and similar problems, and the definition of reading disabilities is related to educational, mental, social, and emotional problems. For the classroom teacher, however, such a distinction is still too vague and in many cases too impractical to serve as a guide for remediation. (TS)

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The Controversy: Reading Problem or Learning Disability —What Are The Issues?

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That there is current confusion over a clear differentiation between reading and learning disabilities is evidenced in part by the fact that at this meeting of the International Reading Association, three other sessions are being devoted to some phase of the confused issue. In fact our next speaker, Mr. Abrams, was chairman of a recently held interdisciplinary meeting which was called to consider this problem.

Within the last decade much attention has been directed to the area of learning disabilities. In some states legislation has been enacted mandating school districts to provide facilities and instruction for children diagnosed as disabled learners. Training programs have been established in departments of special education, and students have been encouraged to take their graduate major in the "L.D." area on scholarships available through federal or state funding. Within this same period students have also been prepared as reading specialists.

In school systems employing both a learning and a reading specialist, confusion exists over the individual roles of these specialists and the nature of the treatment of a child who is having serious problems in reading. The learning specialist may

feel that his responsibility goes only so far as isolating the cause and providing remediation toward improving the learning conditions or overcoming the defective process underlying the reading problem. He may feel that teaching reading per se is not his province. The reading specialist in dealing with the same child may feel his efforts to improve reading are being thwarted by a training program having little relevance to reading which he sees as the central issue.

Moreover, teacher educators are confused as to the type of preparation that should be given to teachers preparing to be either remedial reading specialists or learning specialists. What courses or type of practicum experiences should be provided for one group and not for the other, or conversely, to what degree should the two programs overlap? Should the preparation, or part of it, be provided in departments of special education, reading, or in curriculum and instruction? School administrators are confused as to whether they should use their funds to employ reading specialists or learning specialists, or if both, the proportion of one to the other. And certainly teachers, counselors, and supervisors are confused as to where to place the child for the kind of help he needs.

Why do we find ourselves with this confused issue in our hands? Though it provides no resolution of the problem, it may help to explain something of its origin if one understands some-

thing of the history of the movement toward helping children labeled as reading and/or learning handicapped. In the 1930's serious concern for the reading handicapped child was well underway. In fact, in 1922, Dr. Clarence T. Gray brought out his book, Deficiencies in Reading Ability: Their Diagnosis and Remedies. Dr. Arthur Gates published his research, The Psychology of Reading and Spelling with Special Reference to Disability in 1922. In the 1930's came Dr. Marion Monroe's, Children Who Cannot Read (1932); Dr. Harry Baker and Dr. Bernice Leland's In Behalf of Non-Readers (1934); Dr. Emmett Bett's, The Prevention and Correction of Reading Difficulties (1936); and James McCallister's, Remedial and Corrective Instruction in Reading (1936). In 1945, Dr. Emmett and Thelma Betts published An Index to Professional Literature on Reading and Related Topics which contained over 700 journal articles, studies, monographs, and books under the headings, "Reading Disabilities and Difficulties" and "Remedial and Corrective Reading." Most of this literature was published in the 1930's.

It was during this period, too, that psycho-educational, child study, or reading clinics were being established to provide diagnostic and remedial help to parents and teachers having children with reading and learning problems as well as to provide practicum experiences for professionals wishing to become specialists. Examples of such facilities were those conducted

by Dr. Donald Durrell at Boston University, Dr. Paul Witty at Northwestern University, Dr. Emmett Betts at Pennsylvania State University, and Dr. Marion Monroe at the Pittsburgh Child Guidance Center.

The important point is that during this period and the decade that followed neither the published materials nor clinic procedures made distinction between children with reading disabilities and those with learning disabilities. The child was looked upon as one having a problem with reading, and its cause was ascertained and the problem treated regardless of etiology. Dr. Betts, in the text referred to above, pointed out the need for a clinic to make assessments of visual and auditory discrimination, oculomotor and perceptive behavior, hand and eye preferences and associative learning problems. Dr. Gates in a chapter on "Extreme Cases of Reading Disability," in the Thirty-Sixth Yearbook of the National Society for the Study of Education (1937), discussed the importance of a reading specialist's detailed case history including studies of motor development, emotional problems, and physical growth.

It was not until the 1960's that research and writing in such areas as neurology, perception, and concept development indicated problems of such a nature as to assume that they should be considered outside the general area of reading, and placed in a separate category to be studied, diagnosed, and

treated as learning disabilities. Monographs and reference texts, especially related to such problems began to appear. Among these were Dr. Newell Kephart's, The Slow Learner in the Classroom (1960); Dr. Samuel Kirk's Educating Exceptional Children, (1962); and Dr. Herbert Birch's Brain Damaged Children (1964). During this decade, too, tests appeared for the diagnosis of children assumed to have specific learning problems. Among these were the Bender Visual-Motor Gestalt Test for Children (1938); the Illinois Test of Psycholinguistic Abilities (1961); and Dr. Marianne Frostig's Developmental Test of Visual Perception (1964). To provide a theater for discussion among practitioners, parents, and students, the Association of Learning Disabilities was organized in 1964, and in 1968, Volume I of the Journal of Learning Disabilities appeared.

Since children diagnosed as having brain injury or some type of neurological dysfunction, resulting in school learning problems, were assumed to require special treatment different from those diagnosed as a reading problem, they were taught as a distinctly different group of children. Apparently those who had concentrated their research efforts in the direction of the neurologically involved felt that their work would have greater visability if they were to become affiliated with departments of special education rather than to remain as a part of the reading disability movement. Changes began to occur.

Whereas a handicapped reader had been viewed as a child with a problem with treatment administered according to his needs regardless of cause or symptoms, he now became a child with a reading problem or a learning problem. Graduate students preparing to work with problem children now entered programs either in special education or reading and became certified as either a reading specialist or a learning specialist. Separate programs of treatment and training were established with overlapping courses and practicum experiences. Friction began to develop in situations where vested interests of two departments were at stake. School people raised the confusing questions, "When is the child a disabled reader and when a disabled learner?"

The fact of the matter is that it is extremely difficult to differentiate clearly and definitively between a child who would be labeled a disabled reader and one who would be a disabled learner. In terms of sheer logic one might say that any child who is having difficulty in learning to read is having a learning problem. In the same way, because learning problems are frequently manifest in the reading area, a child who is having difficulty in learning might be having a reading problem. The two terms, "learning disabilities," and "reading disabilities," in juxtaposition lend to the confusion.

In an effort to clarify the issue the National Advisory Committee to the Bureau of Education for the Handicapped,

U. S. Office of Education, recommended the following definition to be used as a guide to educational planning:

> Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance or to environmental deprivation (1968).

The definition above would seem to indicate that a learning disability is one resulting from some type of cerebral injury or dysfunction. Such neurological involvement could result in perceptual handicaps. Problems could also be found in the areas of concept development, language performance, memory, and control of attention which, presumably, might affect all school learning areas. The definition would exclude problems resulting from sensory defects, motor performance, mental defects, emotional problems, and environmental deprivation. Though disabilities such as these might affect the child's ability to learn, he would not be considered under the area of learning disabilities.

Dr. Albert J. Harris, a recognized authority in the field of reading, defines a "reading disability" as follows:

> Reading disability applies to retarded readers whose reading is significantly below expectancy for their age and intelligence and is also disparate with their

> cultural, linguistic, and educational experience. It is sometimes differentiated into primary (constitutional in origin) and secondary (environmental in origin) (1970).

This definition limits the problem to reading, of course, and indicates that the etiology may be constitutional as well as environmental. The definition pertaining to learning disability, on the other hand, would imply that if the etiology were constitutional the problem should be considered a learning disability even though manifested in reading.

Other definitions of the two types of disabilities could be quoted but we would still be left walking on very marshy ground, and school people would still be asking the question, "When should the child be referred to the learning disability teacher and when to the remedial reading teacher?"

On the surface it would appear that the problem could be resolved if one were to differentiate the two areas on the basis of etiology. That is to say, if the problem is caused by constitutional factors - brain injury or some type of cerebral dysfunction, as the definition from the National Advisory Committee would seem to imply, it would be categorized as a learning problem. If the problem is reading and its origin appears to reside in environmental, mental, or social-emotional factors, it would be considered a reading problem. The division would be purely in terms of etiology.

But a problem still remains for even though by definition

the two areas are differentiated by etiology there appears to be no test or examination that conclusively indicates that the learner's problem is neurologically caused. As a result the diagnostician must rely on behavior that appears to be indicative of cerebral dysfunction. Behavior indicative of neurological involvement would be evidenced in areas such as perception, memory, language development, concept development, attention span, etc. But to make a categorical statement that behaviors in these areas are always indicative of a neurological problem would be misleading. Limitations in all these areas in varying degrees are observed in literally all children in the early stages of reading growth and in later stages as well if an adequate base of readiness has not been established, if the child was poorly instructed, or if his day-by-day needs were not met.

One might say then that causes lie along a continuum with cerebral dysfunction and related problems at one end, and educational-mental-social-emotional at the other with a broad twilight zone in between. If one could say with any degree of certainty that a child with a reading problem was brain damaged, for example, he would be placed in a learning disabilities program. Where we are equally convinced that similar symptoms are indicative of poor teaching or environmental deprivation he then would go to the remedial reading teacher. But when the symptoms lie in the twilight zone and with no definitive

diagnostic tool it becomes a matter of considered judgment as to where the child can profit best from instruction. It is these kinds of cases that cause the counselor to ask, "Where does the child belong?"

One has reason to believe that some children with reading problems are being identified and placed in learning disability programs where the primary mode of treatment is a heavy dose of perceptual and motor training of questionable value (Hartman and Hartman 1973, Balow 1971, Robinson, 1972) when, in fact, they should be in a remedial reading program where needed instruction can be given in close conjunction with reading. In fact the National Advisory Committee on Handicapped Children (1968) indicated that the incidence of learning disabilities would probably range from one to three percent of a school population until research provides objective criteria for identification. Using those figures in a typical elementary school of 600 children, we might expect to find from 6 to 18 who are in need of the learning disability program. In the same school we might expect to find from 50 to 100 children with reading related problems working with a remedial reading teacher.

By definition, at least, we have resolved the confused issue, but the honest question still remains--are there really differences between disabled readers and learners?

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